

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- July 21, 2021

by:DC

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

HEB Pharmacy (Medimpact) Pharmacy Reimbursement	168.37
MMCenter (In-patient \$0/ Out-patient \$5,935.53/ ER \$317.44)	6,252.97
Singleton Associates, PA	26.46
Victoria Anesthesiology Assoc	146.18

SUBTOTAL		6,593.98
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)		4,166.67
	Subtotal	10,760.65
Co-pays adjustments for June 2021		(60.00)
Reimbursement from Medicaid		0.00

TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES	10,700.65
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0 000007212021 CALHOUN COUNTY, TEXAS

DATE: 7/19/2021

CC Indigent Health Care

VENDOR # 852

ACCOUNT NUMBER	DESCRIPTION OF GOODS OR SERVICES	QUANTITY	UNIT PRICE	TOTAL PRICE
1000-800-98722-999	Transfer to pay bills for Indigent Health Care approved by Commissioners Court on 07/21/2021			\$10,700.65
1000-001-46010	June 30, 2021 Interest			(\$2.41)
				\$10,698.24

COUNTY AUDITOR APPROVAL ONLY	THE ITEMS OR SERVICES SHOWN ABOVE ARE NEEDED IN THE DISCHARGE OF MY OFFICIAL DUTIES AND I CERTIFY THAT FUNDS ARE AVAILABLE TO PAY THIS OBLIGATION. I CERTIFY THAT THE ABOVE ITEMS OR SERVICES WERE RECEIVED BY ME IN GOOD CONDITION AND REQUEST THE COUNTY TREASURER TO PAY THE ABOVE OBLIGATION.
APPROVED ON JUL 19 2021 BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS	BY:  7/19/2021
	DEPARTMENT HEAD DATE

50240.000 06/09/21	10.00	10.00	00/00/00 PLB	2
50240.000 06/10/21	10.00	10.00	00/00/00 PLB	2
50240.000 06/17/21	10.00	10.00	00/00/00 PLB	2
50240.000 06/18/21	10.00	10.00	00/00/00 PLB	2
50240.000 06/29/21	10.00	10.00	00/00/00 PLB	2
50240.000 06/29/21	10.00	10.00	00/00/00 PLB	2

TOTAL 50240.000 COUNTY INDIGENT COPAYS

60.00



Source Totals Report
 Calhoun Indigent Health Care
 Batch Dates 07/01/2021 through 07/01/2021
 For Source Group Indigent Health Care
 For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	245.00	26.46
01-2	Physician Services- Anesthesia	624.00	146.18
02	Prescription Drugs	168.37	168.37
14	Mmc - Hospital Outpatient	18,494.00	5,935.53
15	Mmc - Er Bills	992.00	317.44
Expenditures		20,594.76	6,665.37
Reimb/Adjustments		-71.39	-71.39
Grand Total		20,523.37	6,593.98
		EXPENSES	4,166.67
			10,760.65
		COPAYS	<60.00>
		TOTAL	10,700.65

APPROVED
 ON
 JUL 19 2021
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

©IHS
Issued 07/06/21

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 02/01/2021 through 07/01/2021
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	10,168.00	1,189.76
01-2	Physician Services- Anesthesia	1,170.00	262.17
02	Prescription Drugs	648.16	648.16
08	Rural Health Clinics	2,724.00	2,667.88
14	Mmc - Hospital Outpatient	71,867.05	23,087.42
15	Mmc - Er Bills	14,388.00	4,604.16
	Expenditures	101,141.30	32,635.64
	Reimb/Adjustments	-176.09	-176.09
	Grand Total	100,965.21	32,459.55
		EXPENSES	25,000.02
			57,459.57
		COPAYS	<460.00>
		TOTAL	56,999.57

Calhoun County Indigent Care Patient Caseload 2021

	Approved	Denied	Removed	Active	Pending
January	2	0	0	11	5
February	0	0	0	11	7
March	1	1	2	10	5
April	2	0	0	12	6
May	0	0	1	11	9
June	0	0	1	10	4
July					
August					
September					
October					
November					
December					

YTD

Monthly Avg	1	0	1	11	6
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December 2020 Active 9

Number of Charity patients 212

Number of Charity patients below 100% FPL 75

Calhoun County Pharmacy Assistance Patient Caseload 2019

	Approved	Refills	Removed	Active	Value
January	7	0	0	7	\$8,589.00
February	4	0	0	11	\$10,869.00
March	2	6	1	12	\$14,515.00
April	2	2	0	14	\$14,719.00
May	1	3	0	15	\$14,765.00
June	2	4	0	17	\$22,897.00
July					
August					
September					
October					
November					
December					

YTD PATIENT SAVINGS					\$86,354.00
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Monthly Avg	3	3	0	13	\$14,392.33
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December 2020 Active 87



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PROSPERITY BANK®

THE COUNTY OF CALHOUN TEXAS
CAL CO INDIGENT HEALTHCARE
202 S ANN ST STE A
PORT LAVACA TX 77979

Statement Date 6/30/2021
Account No ****4551
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STATEMENT SUMMARY

Public Fund Contractual Ckg w Int Account No ****4551

06/01/2021	Beginning Balance			\$5,794.00
	2 Deposits/Other Credits	+		\$8,228.34
	7 Checks/Other Debits	-		\$8,647.57
06/30/2021	Ending Balance	30	Days in Statement Period	\$5,374.77
	Total Enclosures			8

DEPOSITS/OTHER CREDITS

Date	Description	Amount
06/11/2021	Deposit	\$8,225.93 April/May
06/30/2021	Accr Earning Pymt Added to Account	\$2.41

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12446	06-23	\$339.48	12462	06-14	\$3,582.57	12465	06-16	\$155.13
12460*	06-14	\$4,166.67	12463	06-18	\$207.26			
12461	06-14	\$149.67	12464	06-18	\$46.79			

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
06-01	\$5,794.00	06-16	\$5,965.89	06-30	\$5,374.77
06-11	\$14,019.93	06-18	\$5,711.84		
06-14	\$6,121.02	06-23	\$5,372.36		

EARNINGS SUMMARY

** Below is an itemization of the Earnings paid this period. **

Interest Paid This Period	\$2.41	Annual Percentage Yield Earned	0.45 %
Interest Paid YTD	\$13.52	Days in Earnings Period	30
		Earnings Balance	\$6,523.72

MEMBER FDIC



NYSE Symbol "PB"

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